

Cardiovascular Disease Prevention: Risk Detection and Management in Primary Care

The Interventions	Cross Cutting: 1. NHS Health Check - systematic detection of high BP, AF, NDH, T2DM, CKD, high cholesterol, CVD risk 2. System level action to support guideline implementation by clinicians 3. Support for patient activation, individual behaviour change and self management					
	<u>High BP detection and treatment</u>	<u>AF detection & anticoagulation</u>	<u>Detection, CVD risk assessment, treatment</u>	<u>Type 2 Diabetes preventive intervention</u>	<u>Diabetes detection and treatment</u>	<u>CKD detection and management</u>
The Opportunities	5 million un-diagnosed, 40% poorly controlled	30% undiagnosed. Over half untreated or poorly controlled	85% of FH undiagnosed. Most people at high CVD risk don't receive statins	5 million with NDH. Most do not receive intervention	940k undiagnosed. 40% do not receive all 8 care processes	1.2m undiagnosed. Many have poor BP & proteinuria control
The Evidence	BP lowering prevents strokes and heart attacks	Anticoagulation prevents 2/3 of strokes in AF	Behaviour change and statins reduce lifetime risk of CVD	Intensive behaviour change (eg NHS DPP) reduces T2DM risk 30-60%	Control of BP, HbA1c and lipids improves CVD outcomes	Control of BP, CVD risk and proteinuria improves outcomes
The Risk Condition	<u>Blood Pressure</u>	<u>Atrial Fibrillation</u>	<u>High CVD risk & Familial H/cholesterol</u>	<u>Non Diabetic Hyperglycemia ('pre-diabetes')</u>	<u>Type 1 and 2 Diabetes</u>	<u>Chronic Kidney Disease</u>

Detection and 2°/3° Prevention

The Outcomes	50% of all strokes & heart attacks, plus CKD & dementia	5-fold increase in strokes, often of greater severity	Marked increase in premature death and disability from CVD	Marked increase in Type 2 DM and CVD at an earlier age	Marked increase in heart attack, stroke, kidney, eye, nerve damage	Increase in CVD, acute kidney injury & renal replacement
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